



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
P.O. BOX 811, JEFFERSON CITY, MO 65105-0811  
**REGISTRATION CHANGE REQUEST**

FORM  
**4732**  
(REV. 11-2004)

- PLEASE USE THIS FORM TO MAKE CHANGES IN YOUR REGISTRATION RECORDS
- PLEASE PRINT OR TYPE

MISSOURI CIGARETTE/OTHER  
TOBACCO PRODUCTS TAX ID NO.

BUSINESS NAME CURRENTLY ON FILE

BUSINESS ADDRESS CURRENTLY ON FILE

**PLEASE MAKE THE FOLLOWING CHANGE(S) IN MY REGISTRATION RECORDS: (CHECK AND COMPLETE APPROPRIATE ITEMS)**

1. ☐ **CHANGE BUSINESS NAME TO:**

NAME	D/B/A
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2. ☐ **CHANGE FEDERAL IDENTIFICATION NUMBER TO:**

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3. ☐ **CHANGE TYPE OF OWNERSHIP TO:**

<input type="checkbox"/> 1 SOLE OWNER	<input type="checkbox"/> 2 PARTNERSHIP	<input type="checkbox"/> 3 GOVERNMENT	<input type="checkbox"/> 4 OTHER
<input type="checkbox"/> 5 MISSOURI CORPORATION	<input type="checkbox"/> 6 CORPORATION	MISSOURI CERTIFICATE OF AUTHORITY NUMBER	
FICTITIOUS NAME BUSINESSES:		FEIN NUMBER	
MISSOURI FICTITIOUS NAME NUMBER			

4. ☐ **CHANGE OWNER NAME TO:** (USE ONLY IF CHANGE RESULTS FROM CHANGE IN TYPE OF OWNERSHIP. IF OWNER NAME CHANGES DUE TO TRANSFER OR SALE, ETC., A NEW APPLICATION MUST BE COMPLETED)

NEW LEGAL NAME OF OWNER	CURRENT PHONE NUMBER ( ) -
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IF SOLE PROPRIETOR: ►

OWNER SOCIAL SECURITY NUMBER	BIRTHDATE (MMDDCCYY)
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5. ☐ **CHANGE OF PARTNERS IN A CORPORATION:** (ATTACH SUPPLEMENTAL LIST OF DELETIONS AND ADDITIONS, IF NECESSARY)  
**DELETE:**

NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NUMBER	BIRTHDATE (MMDDCCYY)
STREET ADDRESS	CITY	STATE	ZIP CODE

**ADD:**

NAME (LAST, FIRST, MIDDLE INITIAL)	TITLE	SOCIAL SECURITY NUMBER	BIRTHDATE (MMDDCCYY)
STREET ADDRESS	CITY	STATE	ZIP CODE

6. ☐ **CHANGE PHYSICAL LOCATION TO:**

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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7. ☐ **CHANGE ADDRESS WHERE REPORTING FORMS ARE TO BE MAILED:**

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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8. ☐ **CHANGE ADDRESS WHERE BOOKS AND RECORDS ARE KEPT:**

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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9. ☐ **ATTACH ORIGINAL RIDER FROM BONDING COMPANY COVERING CHANGE OF NAME AND/OR ADDRESS**

10. ☐ **A NEW BOND INDICATING CHANGE OF OWNERSHIP ACCOMPANIED BY NEW APPLICATION**

OWNER OR AUTHORIZED PERSON	TITLE	DATE
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If you have questions or need assistance in completing this form, please call (573) 751-7163 or e-mail [excise@dor.mo.gov](mailto:excise@dor.mo.gov). You may also access the department's web site at [www.dor.mo.gov/tax/business/tobacco/forms/](http://www.dor.mo.gov/tax/business/tobacco/forms/). TDD: (800) 735-2966